

Harrison (Geo. B.)

A case of opium-poisoning xx

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**A CASE OF OPIUM-POISONING TREATED WITH
POTASSIUM PERMANGANATE.**

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THE following case was the last of a series of fourteen which came under my observation while an interne at the Emergency Hospital, and, I think, presents features to make it of interest to the profession. It is the only case in which a recovery was entirely attributable to the permanganate-treatment, and was to me a most satisfactory test of the efficacy of this antidote.

M. S., a mulatto girl, nineteen years of age, was brought into the hospital at 11.30 P. M., with the history of having taken twenty-cents' worth of laudanum (probably 25 or 30 c.cm.) about two hours previously. She had several epileptiform seizures while in the ambulance and one after admission to the hospital, but was easily roused from her stupor by pressure on the supraorbital nerves. She could not, or would not, talk, but was not in a condition of absolute coma. The pupils were pin-head in size, respiration was slightly accelerated, and the temperature was normal.

The girl was treated with the usual line of opium-antidotes and antagonists, and, as coma was absent, she was given apomorphin hydrochlorate 0.005 hypodermically, which had been preceded by 300 c.cm. of a solution of potassium permanganate (0.30 to 500 c.cm. of water). Two more injections of the apomorphin were



given at intervals of about seven minutes, but none of them was effective. To be certain that the lack of action was not due to the defective qualities of the drug the second and third doses were each taken from a freshly opened bottle of tablets. Shortly after the last dose the girl's condition became rapidly worse. She lapsed into coma and the pulse went up to 134 and the respiration to 26, and became stertorous. The faradic current now had little effect, and I decided to rely entirely on the permanganate, as other treatment was unsatisfactory.

The stomach-tube was passed, and, after the removal of the gastric contents and lavage with hot coffee, 500 c.cm. of the permanganate-solution were thrown into the stomach and allowed to remain about five minutes, being then withdrawn and replaced by a fresh solution. This was repeated until 2500 c.cm. of the solution had been used, when 250 c.cm., containing 0.30 of the salt, were introduced and allowed to remain. After the second washing out the girl's condition began to improve, and after the last she was aroused by the battery with comparative ease. Her pulse dropped to 104 and respiration became less frequent and fuller, and within three-quarters of an hour from the ingestion of the last 250 c.cm. of solution she was sent to the ward to bed, being then perfectly conscious and easily roused. She made an uninterrupted recovery and was discharged the next day, complaining only of slight pharyngeal irritation and general lameness, the latter due to efforts to rouse her.

The points of interest in the case are, I think, the convulsions, which I do not understand; the bad effect of the apomorphin, which had about the influence of an equivalent of morphin, and, lastly, the entirely prompt and satisfactory rally after the permanganate was resorted to, at a time when the condition was extremely critical.

I think my treatment open to criticism in deferring the use of the stomach-pump and in not immediately using the permanganate in larger dose than the first 300 c.cm. I can unhesitatingly assert that the patient's recovery was due to the permanganate-treatment, and should not hesitate to use it in other cases in preference to other drugs.

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